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Bib Data Sheet

|                             |  |              |                        |                                     |
|-----------------------------|--|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER<br>10/772,078 | FILING OR 371(c)<br>DATE<br>02/03/2004<br>RULE | CLASS<br>351 | GROUP ART UNIT<br>3735 | ATTORNEY<br>DOCKET NO.<br>1232-5273 |
|-----------------------------|--|--------------|------------------------|-------------------------------------|

## APPLICANTS

Toshifumi Masaki, Tochigi, JAPAN;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

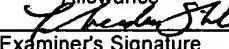
JAPAN 2003-025987 02/03/2003

JAPAN 2003-025988 02/03/2003

JAPAN 2003-029074 02/06/2003

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/04/2004

|                                 |  |                      |                |              |                    |
|---------------------------------|--|----------------------|----------------|--------------|--------------------|
| Foreign Priority claimed        | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY     | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119 (a-d) conditions met | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance   | JAPAN                | 13             | 13           | 3                  |
| Verified and Acknowledged       |  Initials  | Examiner's Signature |                |              |                    |

## ADDRESS

27123

## TITLE

Ophthalmologic apparatus

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>770 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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